

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

010- 009659

SFUND RECORDS CTR

999085188

PRODUCER OF WASTE (Must be filled by producer)

Name: Kapody & Colyer Sols CODE NO.

Pick up Address: 401 Broad St Wilm. (NUMBER) (STREET) (CITY)

Telephone Number: (213) 549-1370 P.O. or Contract No.:

Order Placed By: W.A. Hozie Date:

Type of Process which Produced Wastes: HOT TANK WATER MHD CODE NO.
(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste |
| 3. <input type="checkbox"/> Pesticides | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil | 14. <input checked="" type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) CODE NO.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower %	ppm
1.			
2.			
3.			
4.			
5.			
6.			

Hazardous Properties of Waste:

pH 7-8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosiveBulk Volume: 50 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY) Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY) Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (SPECIFY) Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

W.A. Hozie
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

FIX & BRAIN VACUUM TRUCK SERVICE
233 E. "D" St., P.O. Box 76, Wilmington, California 90744
Phone: (213) 835-5684

Pick Up: 7-26-77 (DATE) Time: 11:15 ☐ am ☒ pm

State Liquid Waste Hauler's Registration No. (if applicable): 10Job No.: 74-21 No. of Loads or Trips: 1 Unit No. 51Vehicle: ☒ vacuum truck 50 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Rob S. Brandon
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

OPERATING INDUSTRIES, INC
Name (print or type): 2425 So. Garfield Ave. CODE NO.
Site Address: Monterey Park, Calif. 91754

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
- ☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
- ☐ other (specify): CODE NO.

If waste is held for disposal elsewhere specify final location: Disposal Date: 7/26/77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

7421**A081603**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.D.O.T. Proper Shipping Name